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KENT COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1939.

CONSTANT PONDER, M.A., M.D., D.P.H.

School Medical Officer

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KENT COUNTY COUNCIL

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PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
MAIDSTONE.

7th May, 1940.

To the Chairman and Members of the Kent Education Committee

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit herewith Dr. Fox's report upon the work of medical inspection and treatment of school children in the County of Kent for the year ended 31st December, 1939.

Explanations are called for in two respects. First, the report is submitted to the June meeting of your Committee instead of as is usual to the one held in March : this delay is the result of the great pressure of urgent work on your staff as a result of the war. Secondly, the report itself is brief because it was felt for various reasons that at the present time it was desirable to confine the contents mainly to matters on which it is necessary to keep an annual record.

School medical work during the past year has been overshadowed by preparations for war and by war itself. Though details of our organisation have necessarily required modification chiefly as the result of the influx of children evacuated from London and towns on the north side of the County, I think it will be granted that the general scope of school medical work in all its branches has been well maintained and that all the special problems arising as a result of the evacuation scheme have been efficiently handled.

In one respect the school medical staff have been fortunate inasmuch as they have continued to be engaged on work for which they are specially qualified and in which they are specially interested, whereas their colleagues on the general public health side have necessarily been compelled to give a large share of their time to matters which have little relationship to preventive medicine.

In an atmosphere clouded with the sadness and anxiety inevitably felt by everyone it is some comfort to keep in mind the remembrance that war is not an unmitigated evil, that, in fact, compensations exist. Perhaps the chief benefits which we may hope for, will be those which will result from the jolt given to the national conscience when facts indicating need for urgent reform are brought to light and emphasised as a direct result of the effects of war.

The evacuation undertaking has taught the Country several lessons. For the first time it has been brought home (often in no uncertain terms) to many people in comfortable circumstances that despite our efforts over many years to reduce the number of cases of skin and hair conditions resulting from uncleanness—efforts which have been crowned with a large measure of success — there still exists a section of our population in which the health and comfort of the children is seriously impaired by the existence of such conditions : often the result, not of carelessness and ignorance of the parents but an almost inevitable consequence of the housing and general financial circumstances in which the children must be brought up. Here is obviously a need for reform which will receive the active sympathy of a new section of the population, viz., those who have, for the first time, come in direct contact with such conditions through having received these affected children in their clean homes.

An even more important lesson will be learned from the obviously beneficial results noted on the health of the evacuated children as a result of their life under country conditions with its accompaniment of fresh air and good food. It is hardly necessary to ask for proof of this result. The opinion is confirmed on every side

by those whose duties have brought them into contact with large numbers of evacuated children, and, moreover, actual measurements of height and weight carried out by school medical officers, provide confirmation. It is fair to conclude from this discovery that the children who have so clearly benefited by the fresh air and good food when evacuated, had been previously living under conditions where they did not get a proper chance to build up resistance to disease. In such circumstances a population grows up, much of the cost of whose maintenance in ill health becomes a certainly unnecessary charge on the national exchequer. In the financially depleted circumstances in which the country will necessarily find itself when hostilities are finished, it may be considered, if we take a long view, that we cannot afford to allow such conditions to continue. It may well be that one of the outcomes of the war will be the decision that the establishment of holiday camps for children is a national necessity so that those living in congested urban districts may have at least the opportunity, which such provision would afford, of building up their physique under the most favourable conditions.

More than at any time in our national history is the safeguarding of the health of our children important. The marked reduction in the size of the average family which has taken place during the last fifty years will have far-reaching results. In a short time the population of this country will attain its peak ; thereafter the numbers of our people will fall and unless there is some radical change in social outlook, that fall will continue at an increasing rate, until, as a nation we shall inevitably cease before very long to play an important part in world affairs. It is unlikely that war will do anything but give a further impetus to depopulation. It is the view of all who have studied population problems that it is essential that without delay our statesmen should give urgent attention to this problem. A fundamental revival of the old ideal that it should be a citizen's first pride to leave behind him sufficient children to carry on his name and his race seems essential, and the state must play its part by making conditions of life possible to effect and encourage that ideal.

At the outbreak of war, the Prime Minister told the House of Commons : " The world will not be the same world that we have known before. Looking into the future we can see that deep changes will inevitably leave their marks on every field of men's thought and action." I believe that there is no field of action more needing our ever-watchful attention than the education and health of our children. We, in the School Medical Service, have a vital responsibility in the future welfare of the race.

Again, I have to express my grateful recognition of the loyal support of Dr. Fox and all members of your medical, dental, nursing and clerical staff. They have given ungrudging service during a period when all without exception have been called upon for assistance in work outside the scope of their normal duties. The staff on the teaching and administrative side have worked with us with that close co-operation which makes for efficiency.

Finally, I recognise gratefully the support and encouragement which I have received at all times from every member of your Committee.

I am, Mr. Chairman, My Lords, Ladies and Gentlemen,

Yours obediently,

CONSTANT PONDER,

School Medical Officer.

KENT EDUCATION COMMITTEE.

School Medical Service

ADMINISTRATION.

THE STAFF.

SCHOOL MEDICAL OFFICER :

Constant Ponder, M.A., M.D., D.P.H.

DEPUTY SCHOOL MEDICAL OFFICER :

J. W. Fox, M.B., M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS :

C. Campbell, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.

J. E. Cheesman, L.M.S.S.A., D.P.H.

J. Fahey, M.B., Ch.B., B.A.O., D.P.H., L.M.

Nancy W. Holloway, M.R.C.S., L.R.C.P.

W. Lessey, M.D. (BRUX.), L.R.C.P., L.R.C.S., L.R.F.P.S.

D. F. McCarthy, M.B., Ch.B., D.P.H., B.Sc.

Georgina B. Nichol, M.B., Ch.B., D.P.H.

Gertrude Nicholson, M.R.C.S., L.R.C.P.

R. F. Roberts, M.B., Ch.B., D.P.M.

J. Selfe, M.R.C.S., L.R.C.P., D.P.H.

Anne Simpson, M.B., Ch.B., D.P.H.

Gladys Stableforth, M.D.

S. A. Tucker, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICER (Aural) : (half-time)

T. P. Gill, F.R.C.S.

ASSISTANT SCHOOL MEDICAL OFFICER (Ophthalmic) :

Edith Bowie, M.B., B.S., D.O.M.S.

ORTHOPÆDIC SURGEONS (part-time) :

H. E. Batten, F.R.C.S., L.R.C.P.

A. B. Beresford-Jones, M.S., M.B.

A. L. Moreton, M.S., B.S., F.R.C.S., L.R.C.P.

A. H. Todd, M.S., F.R.C.S., B.Sc.

SENIOR SCHOOL DENTAL SURGEON :

F. J. Saunders, L.D.S.

SCHOOL DENTAL SURGEONS :

Miss D. M. Campbell, L.D.S.

H. Cantor, L.D.S.

Miss M. E. O. Cross, L.D.S.

W. W. F. Dawe, L.D.S.

P. D. Gausden, L.D.S.

B. M. A. Gilbert, L.D.S.

L. F. Hayes, L.D.S.

Miss H. Heilborn, L.D.S.

A. MacDougall, L.D.S.

F. A. Markham, L.D.S.

W. W. Nicholls, L.D.S.

Miss A. Smiley, L.D.S.

CHIEF CLERK :

F. Meakin.

REPORT ON THE MEDICAL INSPECTION and TREATMENT OF SCHOOL CHILDREN

BY

J. W. FOX, M.B., M.R.C.S., L.R.C.P., D.P.H.

In view of the abnormal conditions arising out of the war, and of the need for economy, the Committee, supported by the Board of Education, desire that the school medical report for the year ended 31st December, 1939 shall be as brief as possible. Reference should therefore be made to earlier reports for those details which vary little from year to year.

Staff.—Miss H. Heilborn, L.D.S. has been appointed as school dentist and took up her duties on 20th March, 1939. Her appointment is additional to the normal staff and has been made in order to enable dental inspections to be carried out in secondary schools.

Mr. D. W. Lamb, L.D.S., resigned his appointment as from 30th June, 1939. Owing to the outbreak of war the vacancy thus created in the dental staff had not been filled by the end of the year.

Mr. M. Berry, L.D.S., left the Committee's service on 16th March, 1939 to take up another appointment and Mr. B. M. A. Gilbert, L.D.S., was appointed in his stead.

Mr. W. Dawe, L.D.S., has joined the army in his capacity of dental surgeon.

Dr. R. F. Roberts who has been acting as assistant school medical officer in a temporary capacity since 27th February, 1939, was placed on the permanent staff as from 1st October, 1939, subject to medical examination. He fills the vacancy caused by the retirement of Dr. F. Wolverson.

In the School Medical Officer's introductory letter to the 1938 report, special attention was directed to the desirability of combining school medical work with other duties concerned with the health of children, and it was reported that this arrangement had been effected in Sheppey by combining the appointment of Medical Officer of Health for the area with that of Assistant County Medical Officer. In 1939 a similar combined appointment was made in connection with the Sittingbourne and Milton Urban District, Dr. J. Fahey being appointed as Medical Officer of Health and Assistant County Medical Officer as from September 1st. He devotes one and a half days a week to school work.

Buildings.—A new combined treatment centre was opened by the Kent County Council at Herne Bay. It provides facilities for Maternity and Child Welfare and tuberculosis as well as for school medical and dental work. Several clinics and other buildings were provisionally allocated to A.R.P. Services after the war was declared, but all difficulties so created were surmounted more or less.

Medical Inspection.—Up to the outbreak of war the various activities of the School Medical Service were carried out in much the same way as in previous years. The Tables on pages 22 to 34 give a summary of the work. Table 4, dealing with nutrition, tabulates results till the end of August only, so that it should be comparable with table 9b of the previous year.

The National Emergency.—With the progressive deterioration of the international situation, it became necessary to prepare plans to meet the situation expected to develop. These plans were based on the anticipation that large numbers of children would be received from London and the Medway Towns, that the staff of the service would be depleted as a result of urgent calls for help to deal with air raid casualties, and that transport might be disorganised, and supplies difficult to obtain.

Evacuation.—The Medway Towns and later Gravesend and an area within $1\frac{1}{2}$ miles of the Thames westward of Gravesend were scheduled by the Government as evacuation areas. The areas of Sidcup, Orpington, Bexley, Crayford, Dartford, Swanscombe, Northfleet, Sheerness, Queenborough, Margate, Ramsgate, and Broadstairs became neutral areas at once, though later on those parts of any of these areas within $1\frac{1}{2}$ miles of the Thames were included in the Evacuation Areas. The rest of the County became a Reception Area, though Dover Borough has not been used for reception. Between 30 and 40 rail or road stations were selected by the transport authorities for the first reception of evacuees before their subsequent distribution to billets.

The medical arrangements consisted of the allocation of one or more health visitors to each reception station, and the grouping of a number of stations under the supervision of an Assistant School Medical Officer. In addition, the assistance of numerous voluntary workers was available. Both doctors and nurses carried first aid equipment and material for the treatment of minor ailments, and frequently a hut or tent was placed at their disposal. Each nurse kept in touch with the billeting officer and each doctor visited his stations and consulted with his nurses in rapid rotation.

From the beginning of evacuation on September 1st, the arrangements worked quite smoothly, but fortunately there was little to do. There were no serious accidents and few acute illnesses. There were no signs of panic among the children. A few cases of scabies were found, and three cases of sore throat which proved to be diphtheritic. Except for small additional parties, evacuation was accomplished in three days and affected 20,069 children from elementary schools, i.e., 16,021 from London, and 4,048 from the Medway Towns. Subsequently 2,340 additional children were evacuated from Bexley, Swanscombe, Northfleet, Crayford and Erith.

In addition, 967 "voluntary" evacuees were received from various sources.

From London *secondary* schools, the total number of evacuated pupils was 3,627.

Period of School Closure.—All schools remained closed from September 1st to September 19th. Dental, ophthalmic and minor ailment clinics remained open, but aural and orthopædic clinics were discontinued temporarily owing to staffing difficulties. Numerous minor ailment clinics were opened for evacuees at First Aid Posts and similar clinics were established at various schools.

The school nurses during this period were chiefly engaged in visiting evacuees in the billets and in attending the minor ailment centres. It is unfortunate that evacuation had to follow so closely on the long school holidays, for it is during holidays that verminous and other infective conditions tend to increase among the more careless part of the population. Consequently many foster parents had occasion to complain and in some instances nurses were unable to cope with the extra work created and relief could not be provided at once.

The doctors and dentists carried on at their clinics and welfare centres, though for the first fortnight attendances were very meagre at the former. As the schools were shut, the doctors were asked to report to the Medical Officers of Health of their area and offer their services to be used in any way which might promote the general welfare.

Difficult problems in relation to individual children from London and elsewhere were often capable of solution on account of the provision in many areas almost from the first of "sick-bays" to which such children could be transferred for a time, for observation and treatment.

Re-opening of Schools.—The dates selected for the re-opening of schools depended on their situation and on the stage reached in the preparation of shelters against air-raids. Most of the schools in rural receiving areas re-opened on September 19th, those in neutral areas not being fully opened at the end of the year.

For the first fortnight after re-opening, the doctors of the School Medical Service spent their time in visiting the various schools in rotation, in seeing any

children specially brought to their notice by the Head Teachers, School Nurses or others, and in acquainting themselves with the new conditions of school attendance, so as to enable them to carry on with a minimum waste of time. Before the end of October, Medical Inspection in schools was re-established so far as possible for both native and evacuee children.

The New Conditions. As time went by and the expected enemy action failed to develop, it began to be felt that the medical service should be re-established on normal lines. Owing to the presence of some 17,000 remaining evacuees, organization of a complete service was difficult, since evidently the pre-war staff would not suffice for dealing with such an increase in the school population. After negotiating with the evacuating authorities, it was found impracticable to meet the problem by a sufficient transfer of staff, and at the end of the year, arrangements were in progress for making the necessary increases in the whole time staff.

The Board of Education appended to their Circular 1490 of December 14th, 1939 a questionnaire regarding the school health services in war time, and I think a reproduction of this, together with the replies furnished to the Board will give the clearest idea of the conditions prevailing at the end of the year.

LIST OF POINTS ON WHICH THE BOARD DESIRE TO RECEIVE INFORMATION.

1. To what extent is the normal medical, dental and nursing staff of the Authority available? In the case of evacuation areas, particulars should be given of the staff available in the evacuation area and of the staff transferred to reception areas. It would also be convenient if an approximate indication could be given of:—

- (a) the number of children evacuated from the area who remain in reception areas;
- (b) the number in the evacuation area;
- (c) the number in any part of the area which is scheduled as neutral.

2. (a) Where part of the staff is not available, is this due to members of the staff having joined the Forces or to their transfer to Civil Defence work?

(b) If the latter, has any endeavour been made to obtain the services of these members of the staff for their ordinary duties, subject to recall in the event of an emergency arising?

3. (a) In the reception areas, has the staff been increased to the extent required to provide fully for the needs of the evacuated children?

(b) If so, has this been done by transfer of staff from the evacuating Authorities or by new appointments by the receiving Authority?

4. (a) To what extent is the operation of the school health services restricted by the use of school clinics or other essential premises for Civil Defence or other purposes connected with war?

(b) Has any endeavour been made to secure the release of such premises or their partial use for the purpose of the school health services?

(c) To what extent is it possible to make use of the staff and premises of cleansing stations and First Aid Posts for the cleansing of children and the treatment of minor ailments?

5. (a) What arrangements have been made for the operation of the school health services in the case of children who are not attending school?

(b) What forms of treatment are being given to such children?

(c) What arrangements have been made for dealing with cases of uncleanliness.

(d) Is difficulty experienced in securing the attendance of the children?

6. In the case of children who are attending school, is the routine medical inspection of the prescribed age groups being carried out?

7. In reception areas, are the services provided for the evacuated children of the same standard and scope as those provided for local children ?

8. (a) Is the Authority's provision of free meals and milk for necessitous under-nourished local children functioning normally ?

(b) In reception areas, is free milk being provided for evacuated children who were receiving it in their own areas ?

(c) Are periodical nutrition surveys being held for the purpose of selecting children for free meals or milk ?

9. (a) Is the Milk in Schools Scheme functioning normally for the local children who are attending school ?

(b) To what extent have arrangements been made for children who are not attending school to obtain milk on payment ?

(c) To what extent is milk being taken by evacuated children who are attending school ?

(d) Has difficulty been experienced in obtaining payment from the parents of these children ?

Sir,

3rd January, 1940.

1. Kent.

2. School Health Services—Circular 1490.—E.

In accordance with the Board's Circular 1490 "The School Health Services in War-time," I attach in duplicate a statement showing the extent to which the school health services are operating in the Committee's area.

The Committee had decided that when the Government's evacuation scheme was ordered to be put into operation, the School Medical Officer should arrange for assistant school medical officers to be in attendance at railheads and detraining points so that cases of sickness could be dealt with immediately. This arrangement was duly carried out, and thereafter for the first few weeks of evacuation, the services of the assistant school medical officers were put at the disposal of the Medical Officers of the various county reception authorities.

As soon as the process of settling down to war-time school conditions permitted, the Committee considered the organisation of the school medical service. I attach two copies of a memorandum which sets out the basis upon which the school medical service began to deal with the problems in the evacuation, neutral and reception areas. The Committee considered at the same time the provision of milk for evacuated children. Teachers were asked to include in the Committee's scheme for the supply of milk to delicate school children those children who had been receiving free milk prior to evacuation ; milk was also authorised for those considered by the teachers concerned to be in need of additional nourishment pending examination by the School Medical Officer.

The Committee have considered carefully the views expressed in paragraph 5 of Circular 1490. Clinics in evacuation areas continue to function as before the war, and full provision is made for the treatment of uncleanness, skin diseases, etc. Their experience since the outbreak of war does not lead them to suppose that there is any abnormal incidence of uncleanness, skin diseases or malnutrition in the evacuation areas. Medical inspections at the schools and treatment at clinics are being carried out so far as conditions in these areas permit and as air raid protection becomes available and schools reopen, steps will be taken to ensure that all new cases will continue to be treated promptly.

So far as the general working of the school medical service is concerned, the Committee are glad to be able to state that generally staff and premises have been continuously available. It has now been possible to resume routine medical examinations at all types of school and the increases in staff referred to in the statement now submitted will ensure that arrears of routine work will quickly be reduced.

I am, Sir,

Yours faithfully,

P. R. MORRIS,
Director of Education.

The replies to the questionnaire mentioned above, were as follows :—

1. NUMBERS OF CHILDREN : STAFF REQUIRED.

The normal medical, dental and nursing staff is still available. No transfers of staff have taken place from the evacuation areas in the county to the reception areas in the county.

The following shows the approximate position with regard to the numbers of children to be dealt with :—

Roll of whole area on 25th August, 1939	...	...	82,949
(a) Number of children from evacuation areas who are remaining in reception areas in the county :—			
London and Extra-metropolitan Areas	...	...	13,700
Medway Towns	...	...	3,100
			16,800
(b) Number of children transferred from evacuation areas in the county to reception areas in county	...	...	800
(c) Number of children remaining in evacuation areas in county	...	...	8,200
(d) Number in neutral areas	...	...	26,000

2. STAFF NOT AVAILABLE.

- (a) One whole-time dental surgeon has joined the Forces.
(b)

3. STAFF IN RECEPTION AREAS.

- (a) Five school nursing sisters have been transferred to the area by the London County Council.

It is estimated that the following additional officers would have been necessary had no children returned to the evacuation areas:—

- 3 Assistant School Medical Officers.
4 Dental Surgeons.
4 Dental Attendants.
1 School Nurse.

- (b) (i) The dental surgeon who has joined the Forces has been replaced.
(ii) The services of the dental surgeon of the Chatham Authority have been made available for three days per week in the reception areas.
(iii) In co-operation with the Tunbridge Wells Authority an Assistant School Medical Officer has been appointed on a sessional basis and will work for two sessions a week in the county reception area.
(iv) The Committee will consider at their next meeting a recommendation that the following new temporary appointments be made :—
2 Assistant School Medical Officers.
3 Dental Surgeons.
3 Dental Attendants.

4. RESTRICTION OF USE OF PREMISES FOR SCHOOL HEALTH SERVICES.

- (a) Not at all.
(b) —
(c) Additional Minor Ailments Clinics were established at 23 First Aid Posts and points throughout the county in the early days of evacuation. The continuance of them is dependent upon the known needs. Some of them have already been discontinued as the normal provision has been found to be sufficient for the present needs. Arrangements can, however, be made at short notice for their reopening if the need arises.

CHILDREN NOT IN ATTENDANCE AT SCHOOL.

- (a) Where possible children have been examined at the school clinics. The teachers and school nurses are in frequent consultation with regard to individual children. Examinations by the school doctor are carried out as and when necessary.
- (b) Minor ailments.
Defects of teeth.
Defects of vision.
Orthopædic defects.
Tonsils and adenoids.
Defects of hearing, nose and throat.
- (c) Uncleanliness is normally dealt with by the School Nurse by treatment at the School Clinic and by home visitation. This procedure is being continued. Full provision for the treatment of skin diseases has existed in the evacuation and neutral areas since the outbreak of war, and the School Clinics have functioned throughout.
- (d) Yes.

6. ROUTINE EXAMINATION OF CHILDREN IN ATTENDANCE AT SCHOOL.

After the first fortnight of conditions created by evacuation it was found practicable to resume routine medical examinations in some districts. Since then routine examinations have been generally resumed. In evacuation areas arrangements have since the end of October been in force for routine inspections.

7. SERVICES FOR EVACUATED CHILDREN.

Yes. In addition, arrangements have been made with private dentists to give emergency dental treatment for the relief of pain to the incoming children, a service which is not available for the native children.

8. MILK FOR NECESSITOUS CHILDREN.

- (a) Yes. Where milk has been recommended and provision is not possible at the school the children are receiving it at home and it is being paid for by the Committee at the full retail rate.
The Committee have not passed the resolution required by Section 84 of the Education Act, 1926.
- (b) Yes.
- (c) No. The question raised here is to be considered by the Committee at their next meeting at the request of the Board, and it is expected that it will be possible to carry out periodical nutrition surveys during 1940.

9. MILK IN SCHOOL SCHEME.

- (a) (i) In the evacuation areas—No. A tutorial system of instruction is in operation of which the school premises are the headquarters. It has not yet been possible to arrange for the general distribution of milk to groups of children at schools or other centres in evacuation areas (see reference to Dartford in (b) below.)
- (ii) In the neutral areas—so far as is possible with part-time attendance at school.
- (iii) In the reception areas the scheme is functioning so far as is possible. The incoming children have had to be accommodated in many hired buildings and this has increased not only the potential number of consumers but the number of centres to be served. Petrol rationing, lighting restrictions and shortage of staff have curtailed retail distribution even in the case of domestic supplies and it has not been possible for the distributors to include in their rounds many of the schools which could obtain supplies before the war.

- (b) This has been possible to a limited extent only. The children concerned are mainly infants living in evacuation and neutral areas. The Milk Marketing Board were at first unable to approve distribution to centres at private houses. They have now approved in one evacuation area (Dartford) a number of private houses as distributing centres during term time. The arrangement is for children of five to seven years at present. It is hoped that it will be possible further to extend this arrangement.
- (c) and (d). No estimate of the position can be given upon the information available. Generally speaking the same facilities are available for the evacuated as for the native children, though these facilities are restricted by the considerations mentioned in 9 (a) (i) and 9 (a) (iii). The extent to which they are used depends upon the parents and the billeting householders. Milk under the Milk Marketing Board scheme is not supplied to children unless it is paid for in advance or at the time. The supply of milk to necessitous children is, of course, provided free of charge as referred to in 8 (a).

FINDINGS OF MEDICAL INSPECTION.

TABLE 3. Considering the large amount of time lost consequent on evacuation and school closure and the subsequent difficulties regarding attendance, it is surprising that the total number of children examined and re-examined should approximate so closely to the results obtained in previous years. As was to be expected, in view of so many infants schools continuing closed, the greatest falling off is among infants.

TABLE 4b. *Nutrition*.—This table shows certain differences from the corresponding table of previous years, in that there are somewhat fewer children recorded as either above or below normal. The change may be accounted for by the measures taken to secure more comparable results as between the various doctors. Thanks are due to Dr. McNalty for permitting a medical officer of the Board especially familiar with the assessment of nutrition to visit the County and to demonstrate his methods to the whole medical staff.

War time conditions may necessitate increasing attention to nutrition and it is proposed in the New Year to establish a modified nutrition survey throughout the area, so that each child who is not taking full advantage of the education provided for him may have detailed consideration. It is to be hoped that this is a prelude to regular "nutrition clinics." In the meanwhile, discussion with teachers and school nurses with regard to individual cases in which physical defects are insufficient explanation of backwardness, will help towards the formation of a reasonable opinion as to the possibility of lack of food being the cause.

The table on page 35 shows the nutrition of secondary school children. Their condition is probably even more favourable than the figures suggest, for it is very difficult for a doctor to avoid being influenced by the average physique of a particular school in arriving at a conclusion of what is normal.

TABLE 5. This table enumerates the totally and partially blind and deaf children of the area. The efforts begun in 1938 to avoid drafting the children with incomplete defects into special schools are proving of value. Deaf children supplied with auricles to aid hearing can in many cases benefit from the instruction in ordinary schools. No deaf-aid involving the use of electric power has yet been tried. Hand lenses are being provided to children with high degrees of short sight. They are rather difficult for small children to handle and it is hoped later on to provide special desks fitted with lenses serving the same purpose.

The number of children certified as feeble minded is 335 not counting any evacuees. The number of children in special schools has fallen, consequent on the evacuation of the London Day Special Schools. Several Kent children within reach of those schools were in attendance, but were not evacuated with the schools.

Table 1.—Summary of work carried out by Nurses during the year 1939.
(See also Table 6, Group VI.)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
	School Roll of Area on 31st December.	No. of Visits to Schools.	No. of Examinations of Girls.	% of Girls Verminous.*	No. of Examinations of Boys.	% of Boys Verminous.*	No. of Re-examinations of Girls.	% of Girls Verminous.*	No. of Re-examinations of Boys.	% of Boys Verminous.*	% of Girls Excluded.	% of Boys Excluded.	% Exclusions to School Roll.	No. of other visits to Schools.	Attendances at Minor Ailment Clinics.	% Home visits to School Roll.	% of other Exclusions to School Roll.
" Natives "	80,208	2,789	86,231	4.5	71,167	1.2	7,698	46.2	2,580	26.3	0.9	0.3	1.3	1,298	2,125	19.1	1.6
" Evacuees "	16,547	851	17,532	7.7	16,777	2.2	1,708	35.5	687	15.1	1.3	0.7	2.3	200	334	8.7	1.0
" "	—	17	3,571†	—	—	—	102†	—	—	—	—	—	—	—	—	—	—

* " Verminous " children include all degrees of uncleanness, from " a few nits " to " many live vermin."

† Includes Boys and Girls.

The following special parties from London have been evacuated to Kent :—

Name of camp or house.	<i>Approximate No. of children.</i>	<i>Type of child.</i>
Margaret McMillan House, Wrotham	52	Nursery.
Fairlawne, Tonbridge	47	P.D.
Pirates Spring Holiday Home, New Romney	40	Blind.
Budd's Farm, Wittersham	41	Nursery.
Casino Holiday Chalets, Dymchurch	53	M.D.
Littlestone Holiday Camp, Greatstone-on-Sea, New Romney	194	M.D.
St. Clere, Kemsing	56	Nursery.
Claverley, Littlestone-on-Sea	35	M.D.
St. Michael's Grange, Tenterden	49	M.D.
Ashhurst Park, Tunbridge Wells	17	Nursery.
Buston Manor, Hunton	31	Nursery.

Local General Practitioners have been nominated to act for the L.C.C. in cases of illness among these children. In addition a certifying officer of the School Medical staff will carry out statutory re-examinations of the feeble-minded, and the Committee's Ophthalmic Surgeon will visit the school for the blind at Pirate Springs. Specialist care for the cases at Fairlawne will be provided by the orthopædic department of the Kent County Council. It is proposed that your dental staff will carry out routine dental inspections at the schools and provide the necessary treatment.

TABLE 6. Groups I, II, and III are strictly comparable with the corresponding tables of the previous years, since as in the past they concern a period ending June 30th instead of December 31st, that is a period before the evacuation. The figures of group I show some diminution in the case of ring-worm and impetigo but unfortunately scabies continues to cause trouble. The incidence of defective vision remains unchanged from year to year and the increase in the number of cases treated as shown in group II means that they are being re-examined at shorter intervals than in the past. Records from the Clinics show that during the year 1939, 1,859 new eye cases were treated. There were 3,890 re-examinations and 2,221 pairs of spectacles were obtained.

Arrangements for the treatment of enlarged tonsils and adenoids (dealt with in group III) remained unchanged in that the work is undertaken at the voluntary hospitals, in addition to the County Hospitals at Pembury, Minster (Sheppey) and Chatham, but the conditions under which the work is done have been revised. It is now a requirement that each patient shall be admitted the day before operation and kept in for two days afterwards. In return for this requirement and some minor conditions the hospitals have been offered higher payments. Seven hospitals have not accepted the offer.

Group IV concerns orthopædic defects, including 23 cases among evacuees. An important improvement in the organisation of orthopædic clinics has been effected during the year whereby children are seen by the Surgeon by appointment at specified times, thus avoiding much waste of time by the parents of the children concerned.

GROUP V. For some months the dental staff has been below establishment since Mr. Lamb left the service on 30th June, 1939 and Mr. Dawe joined His Majesty's forces on September 5th, 1939. The loss has been balanced to a large extent by the appointment of Miss Heilborn as from 20th March, 1939. This appointment was made in order to enable the staff to carry out dental inspection of secondary schools, but in the circumstances this work still could not be done. Also immediately after the declaration of war, the dental work in the clinics came almost to a standstill for about a fortnight. It is therefore not surprising that the total amount of work done falls below the record for 1938.

Routine dental work among the evacuated children had not been definitely arranged for by the end of the year, though all emergency cases received attention. The Committee have approved a scheme whereby any dental emergency occurring when no clinic is sufficiently available may be referred to the nearest private dentist, provided that the Head Teacher or billeting officer agrees that it is an emergency and that the Dentist will accept the fees payable under the National Health Insurance.

Mr. Saunders, the Senior Dental Officer furnishes the following report :—

Taking into account the various difficulties mentioned elsewhere in the Report, I am able to report that the amount of work done, and the number of children who received treatment at the Committee's centres, show very little variation when compared with the previous year.

During the year 392 sessions were devoted to inspecting 47,492 children (and 1,618 were inspected twice or more). Of the total number inspected 63.46% were referred for treatment, and 39.42% accepted as a direct result of inspection. 1,348 forms 57 M.I. were re-issued to recalcitrant parents, 68.79% agreed to accept treatment. The acceptance rate was therefore increased to 43.18%. 4,153 special applications were received, making a grand total of 17,613 children to be treated. 20,595 attended for treatment, (including 909 Evacuees), and 19,002 actually completed treatment. 6,780 permanent and 31,762 temporary teeth were extracted, while the total number of fillings inserted in saveable permanent and temporary teeth amounted to 23,439. Other operations performed were 1,154 scalings and polishings, 2,324 permanent and 2,170 temporary dressings. 562 attendances were made for orthodontic treatment, while 19,793 local and 1,070 general anaesthetics were administered.

The following statistics show the combined average daily output for the whole of the administrative area, together with the Maternity and Child Welfare daily attendances.

Attendances	...	...	...	...	...	...	...	...	16.64
Completely treated	...	...	...	...	...	...	...	...	8.40
New Cases	...	...	...	...	...	...	...	...	8.64
% of New Cases completing treatment at 1st visit								Not available	
Extractions	...	...	...	...	...	...	...	...	16.24
Fillings	...	...	...	...	...	...	...	...	9.84
Inspected	...	...	...	...	...	...	...	...	125.02
Maternity and Child Welfare Attendances						...	...	...	18.08

Abstracted items of interest taken from the annual reports of the staff are as follows :—

The influx of evacuees resulted in appreciable numbers of these children being daily presented at the various clinics for urgent treatment mainly in connection with grossly infected teeth. The dental condition of the evacuated secondary school pupil was immeasurably superior to that of the average elementary school child evacuated from the same town.

Considerable difficulty was experienced in maintaining effective contact with the children. This led to more frequent inspections and the difficulty is now being largely overcome.

Compared with 1938 twice the number of attendances were recorded at Ashford clinic.

Worthy of note is the high standard of dental fitness of the child from an authority where treatment as the result of inspection is given bi-annually.

One of the first difficulties was suitable accommodation for clinics. Most of the old places had been occupied as First Aid Posts. In others the windows were painted or so heavily sandbagged that it was only possible to work in artificial light which was not always good. Evacuees in the area are making full use of the facilities offered.

A number of refugees mainly from Czecho-Slovakia has been treated. It has been interesting to compare these children's mouths with those of our own children. I find that their teeth seem to be stronger and more immune to caries, than ours, and I put this down to the difference in diet, particularly the difference in the bread, which so far as I understand is both coarser and harder than ours. Those children who have been in England for some time are beginning to develop more caries, and I find the usual pieces of soft white bread sticking in the fissures of their permanent molars.

TABLE VI. This table shows a slight decrease in the number of examinations of native children for uncleanness but an increase if evacuees are included. There is a small increase in the number of native children found verminous. The number of individual children examined is not known but if the numbers found verminous are compared with the total school rolls of the native and visiting children respectively, the former show 4% and the latter 5.75% unclean. The difference is much more pronounced than this in particular schools, so that the outcry that has been made is not altogether surprising.

PROVISION OF MEALS.

Prior to the outbreak of war, there were 64 canteens in elementary schools providing a two-course meal at mid-day. Of these 10 were in Junior schools, 32 in all-age schools and 22 in central schools.

The number of meals provided during the year 1938-39 was 1,163,511, an increase of 49,057 over 1937-38. The increase was mainly due to the opening of new canteens.

The number of free meals showed little variation from the previous year. The cost of free meals provided, 17,296 priced at 3.595d., the average total cost for the year, amounted to £259 1s. 7d.

The average cost per meal, food only, was 2.047d., very slightly less than in 1937-38, while the average total cost per meal is very slightly higher than the previous year.

During the year 1938-39 canteens were opened at :—

St. Mary Cray Council Junior School.

St. Mary Cray Central School.

Tonbridge Sussex Road Central Boys' School.

The increase in the scope and volume of work in connection with Technical and Secondary Schools has been maintained during the year.

Before hostilities began the Committee had encouraged School Canteen Committees in reception areas in the county to accumulate a reserve of small equipment and dry stores so that they might be in a position to feed without avoidable difficulty the children from the evacuation areas when they arrived.

From the outbreak of the war, in spite of difficulties due to rationing, school canteens have continued to function wherever possible. Those in the reception areas have had to cater for considerable numbers of evacuated children and the Committee have taken over from the District Councils a number of Communal Feeding Centres which had been established with the help of voluntary workers to provide meals for the incoming children.

On the 1st September (two days before the outbreak of war) following the announcement of evacuation, a brochure upon the communal feeding of children, which had been specially prepared by the Committee's canteen officer was sent to all the reception authorities in the County, as well as to the Committee's Officers, Women's Voluntary Service units and others. This brochure gave full information regarding recipes, quantities, hints on cooking and a standard list of equipment.

Table 2.—Showing cases of defective vision examined by the school oculists.

	Ashford.	Aylesham.	Broadstairs.	Chislehurst.	Crayford.	Dartford.	Herne Bay	Hythe.	Maldstone.	Northfleet.	St. Mary Cray.	Sevenoaks.	Sheerness.	Sittingbourne.	Snodland.	Tonbridge.	Welling.	Whitstable.	Total.
New cases ...	179	29	24	97	148	146	9	40	137	138	169	90	98	102	34	136	232	51	1,859
Re-examinations ...	321	42	88	168	252	405	24	49	155	299	292	167	227	211	65	370	628	127	3,890
Glasses prescribed ...	167	22	32	119	163	204	14	47	144	166	175	88	121	116	47	182	303	55	2,165
Glasses obtained ...	165	22	29	124	164	229	13	46	140	170	165	103	134	120	37	197	303	60	2,221

REPORT OF THE WORK OF THE KENT VOLUNTARY ASSOCIATION FOR MENTAL WELFARE FOR THE YEAR 1939

During the past year 510 feeble-minded children and young persons have been under supervision, 60 of these being new cases received from the Committee and 11 Ascertainments referred by the Association for examination by the School Medical Officers.

In addition to the above, special investigations have been carried out in respect of 40 uncertified children who presented behaviour problems of varying degrees either in the home or at school, 23 of these being new to the Association this year. The results of these investigations shewed that in many cases the delinquency, neurosis or problematic behaviour was due to, or enhanced by, the home environment. In one instance the chief cause of the trouble was complete lack of self-confidence on the part of the child, and in another the unfortunate necessity of frequent changes from one foster-parent to another.

In approximately 15 instances arrangements have been made for psychological examinations to be carried out either at the Tavistock Clinic, the London Child Guidance Clinic, the Maudsley Hospital, or St. Christopher's Nursery College, Tunbridge Wells. In one case only did the parents refuse the offer.

Every effort has been made to carry out the very valuable recommendations and advice given by the Psychologists, and it is encouraging to note that co-operation is shewn almost invariably by both parents and teachers in this respect. Of the children recommended for psychological examination, four were admitted to the Caldecott Community School ; one to the National Nautical School, Portishead ; one to an Epileptic Colony ; two to the Wallingford Farm Training Colony ; six admitted to Approved Schools ; and two boys placed on probation. In one case the parents made their own arrangement for their child's admission to a private school. A girl, who was placed with a foster-mother in order to make a regular attendance at a psychological clinic, has returned to her home after 12 months and is greatly improved ; and another is in a Training Home, being maintained by the Public Assistance Committee. Two children unfortunately were dealt with through the Court before the suggested examination by a psychologist could be arranged. In several instances, where a special examination was unnecessary, advice regarding training or employment has been given by this Association.

The problem of providing for children whose likelihood of developing stability of character depends upon their removal from an unsatisfactory environment, has been to some extent lessened by the presence of the Caldecott Community School at Mote Park, Maidstone. This foundation undoubtedly gives the very best type of training in an extremely happy atmosphere, the result of which is likely to remain throughout the lives of those children who are fortunate enough to receive it. Since the beginning of the War a large number of refugees and evacuees have arrived at the school, with the result that the vacancies for our Kent children have, of necessity, been limited.

The existence of special classes in the larger schools makes the ideal combination of specialised training, together with the opportunity of social life, which is so beneficial to the feeble-minded child. Since the outbreak of War, it has been necessary to curtail the ordinary routine in many respects in a great number of the schools, the pupils in some instances being scattered, but every effort is still made to help, as far as possible, these children of limited capabilities.

DARTFORD SPEECH CLINIC.

The work of the Speech Defects Clinic progressed satisfactorily at Dartford County Hospital from January to July, 1939, when with the advent of war, it was closed for two months, re-opening on October 4th. Such a long vacation with partially treated cases naturally resulted in retarding progress, especially in severe cases.

It was noted that many parents who had considerable journeys to the Speech Clinic, especially those from Mottingham, Chislehurst and Bromley, were afraid to send their children so far, on account of the possibility of air raids. Dr. Stable-

forth therefore suggested, that the clinic should be de-centralised as a war measure only, so that the above mentioned districts should have the opportunity of receiving treatment. The Therapists therefore now attend once weekly at Dartford on Tuesdays, and once weekly at The Willows, Chislehurst, on Fridays. In spite of this measure inevitably reducing the bi-weekly attendances in Dartford, which will prolong the treatment, it has outweighed this disadvantage by allowing treatment to a greater number of cases, over a much wider area.

Seventy-six cases were treated at Dartford, and thirty-one cases at Chislehurst.

EAR, NOSE, AND THROAT CLINICS.

The scheme for attention to children with Ear, Nose and Throat defects continued in operation as in previous years, an additional weekly session being worked as from April 1st, in the north-west part of the County. Early in the year opportunity was taken to carry out an investigation, in different areas, into the results of the tonsil and adenoid operation, and the information gained has proved valuable and interesting ; it has enabled certain adjustments to be made in the routine treatment of these cases, so that the operation may confer the maximum benefit with the least possible risk.

The provision of hearing aids to hard-of-hearing children has been continued and increased during the year, and the reports of the Teachers show that in nearly every case the educational progress has justified the expense. It is hoped to develop this work more fully in the future.

It will be seen that the total attendances are rather less than in previous years ; this was due to the suspension of the clinics for six weeks at the outbreak of war and on their resumption the dispersal of the children made it difficult for them to keep their appointments. The clinics in the reception areas, however, soon became known, and by the end of the year had begun to gather in a great deal of the work normally dealt with elsewhere.

CASES OF OTITIS MEDIA.

New cases	...	...	...	...	...	...	...	...	419
Total attendances			...	...	...	...	...	...	1,838
Cases cured	...	...	...	...	...	...	...	...	182
Still under treatment	...	...	...	...	...	...	...	...	118
No treatment required	...	...	...	...	...	...	...	...	88
Lapsed	...	...	...	...	...	...	...	...	54

NASAL CASES.

New cases	...	...	...	...	...	...	...	...	166
Total attendances			...	...	...	...	...	...	759
Cured	...	...	...	...	...	...	...	...	68
No treatment required	...	...	...	...	...	...	...	...	39
Still under treatment	...	...	...	...	...	...	...	...	74
Lapsed	...	...	...	...	...	...	...	...	46

HARD-OF-HEARING CASES.

New cases	...	...	...	...	...	...	...	...	162
Total attendances			...	...	...	...	...	...	719
Cases cured	...	...	...	...	...	...	...	...	69
Cases partially relieved	...	...	...	...	...	...	...	...	34
No treatment required	...	...	...	...	...	...	...	...	36
Lapsed	...	...	...	...	...	...	...	...	43

TONSIL AND ADENOID CASES.

Total examinations	...	...	...	...	...	...	...	...	233
Cases requiring treatment	...	...	...	...	...	...	...	...	126
No treatment required	...	...	...	...	...	...	...	...	77

Total Attendances 3,549

PHYSICAL EDUCATION.

The Physical Training Advisers continued to hold courses for teachers and to pay visits to the schools during the Spring and Summer terms of 1939. As part of the normal programme, separate courses were held for men and women teachers, as well as courses in minor games, and dancing. In addition two classes for specialist teachers were held—one for women at the Bergman Osterberg Physical Training College, which was conducted by the staff of the College, and one for men at the County Technical College, Dartford, which was conducted by two of the Committee's advisers. Both of these courses were held during the day time and teachers were given leave of absence to attend. A high standard of work was attained. The work of the courses was followed up by visits to schools and considerable improvement in the standard of physical training was noted.

Owing to the disorganisation of the schools after the outbreak of war, classes for teachers and visits to schools by advisers were suspended during the Autumn Term. As the schools are now settling down to their war time organisation, arrangements are being made for the advisory visits to schools to be resumed, and it is hoped to hold some classes for teachers in the Summer Term.

In addition to the courses for teachers, a number of classes have been held, in conjunction with voluntary associations, for Leaders of Recreative Physical Training courses.

THE KENT COUNCIL OF SOCIAL SERVICE

CARE AND SUPERVISION OF DELICATE SCHOOLCHILDREN.

In the early part of the year covered by this report it became necessary to consider means by which the Council could surmount the difficulties created by the abnormal growth of book-keeping and general clerical work connected with the Scheme. As affording a measure of relief to the Council the Kent Education Committee agreed to assume responsibility for arranging the supply of, and payment for, all milk recommended for children attending schools at which Milk Clubs are established, and the arrangement came into operation on 1st October, 1939. On their part the Council agreed to continue their arrangements for ensuring home supplies of milk and other recommended ancillary nourishment, and for home visiting, in all cases, inclusive of those children attending schools where Milk Clubs are in existence.

During the year, a total of 5,548 recommendations have been made by the Kent Education Committee to this Council.

The number of "Care and Supervision" recommendations quoted above include certain children for whom home supplies of milk were arranged subsequent to the recommendations being received from the School Medical Officer, as the Head Teachers were unable to arrange school supplies.

MILK IN SCHOOLS.

PATHOLOGIST'S REPORT.

The bacteriological supervision of milk supplies to schools proceeded along the lines followed during previous years. There was a small decrease in the number of specimens examined during the year; this occurred mainly during the autumn term and was due to the closing of some schools and to a slight disorganisation of the milk trade in parts of the County as a result of the outbreak of war.

An examination of the tables shows that a fairly satisfactory standard of bacteriological cleanliness of milks was maintained; for the whole year the percentage number passing the prescribed tests was 92.27% which represents a very slight improvement on the figures for 1938. It has been shown, however, that even better results could be obtained: in 1937 only 4.03% of the specimens examined were below the required standards.

It is very disappointing to find that there has been a marked increase in the number of milks infected with tubercle bacilli. Every effort is made to ensure that school milk supplies are the best obtainable in the areas in which the schools are situated, and biological tests for tubercle bacilli are carried out on every supply, raw and pasteurised, once every term. It will be noted from the Table on page 24, that from 1936 to 1938, the percentage number of tuberculous school milks (raw) fell from 6.29 to 5.01 but during 1939, there was a sudden rise to 7.5 per cent. practically a 50 per cent. increase over the previous year. This matter has received and is still receiving careful attention and has been the subject of special reports to the Public Health Committee of the County Council. It should be noted, however, that even this figure of 7.5 per cent. is not greatly in excess of the average number of mixed raw milks in this country found to contain virulent tubercle bacilli: this figure is estimated to be about 7 per cent.

Of the 113 pasteurised milks examined biologically, it will be observed that three were found to contain tubercle bacilli, and as efficient pasteurisation is guaranteed to destroy these bacilli, it is considered that some explanation for their occurrence is necessary. By arrangement with the County Analyst all school supplies labelled "Pasteurised" are subjected to the "Phosphatase" test, a very delicate test which shows whether or not the milks have been efficiently pasteurised. The reports of the County Analyst show that in a few cases milks have not been properly pasteurised and in one of the above positive cases, he reported that "the milk was inefficiently pasteurised and reacted like raw milk." In another case, a supply which came from another County, the milk was "Flash" pasteurised, i.e., subjected momentarily to a temperature of 160°F to 165°F, which is not accepted as being as efficient as the "Holder" method of pasteurisation. In the third case the supply was not labelled "Pasteurised" and not infrequently a raw "accommodation" milk is supplied to the School.

The assistance given by the District Medical Officers of Health and the Sanitary Inspectors in connection with investigations and enquiries into school milks was again greatly appreciated.

MISCELLANEOUS.

NECESSITOUS CASES: During 1939, the Committee gave assistance to the undermentioned necessitous cases:—

Provision of travelling expenses	...	...	183 cases.
Provision of Spectacles	...	...	223 cases.

Table A. showing results of Counting Tests on samples of School Milks taken during three terms of 1939.

SPRING TERM 1939.

Organisms per c.c.	" Pasteurised."	Ordinary.	All Milks.
Over 500,000 	—	7	7
200,000-500,000 	13	13	26
Total Milks failing to pass Test 	13	20	33
50,000-200,000 	22	39	61
10,000-50,000 	77	77	154
1,000-10,000 	130	104	234
Under 1,000 	62	10	72
Total Milks passing Test 	291	230	521
Total 	304	250	554

SUMMER TERM 1939.

Over 500,000 	11	15	26
200,000-500,000 	13	13	26
Total Milks failing to pass Test 	24	28	52
50,000-200,000 	14	36	50
10,000-50,000 	77	54	131
1,000-10,000 	101	79	180
Under 1,000 	88	25	113
Total Milks passing Test 	280	194	474
Total 	304	222	526

AUTUMN TERM 1939.

Over 500,000 	2	18	20
200,000-500,000 	3	8	11
Total Milks failing to pass Test 	5	26	31
50,000-200,000 	9	26	35
10,000-50,000 	71	64	135
1,000-10,000 	108	66	174
Under 1,000 	34	11	45
Total Milks passing Test 	222	167	389
Total 	227	193	420

TOTAL SCHOOL SUPPLIES FOR THE YEAR 1939.
(With corresponding figures for the year 1938).

Term.	“ Pasteurised Milks.”		Ordinary.		All Milks.	
	Failed.	Passed.	Failed.	Passed.	Failed.	Passed.
Spring 1939	13 (4.28%)	291 (95.72%)	20 (8.0%)	230 (92.0%)	33 (5.96%)	521 (94.04%)
1938	14 (5.07%)	262 (94.93%)	17 (6.94%)	228 (93.06%)	31 (5.94%)	490 (94.06%)
Summer 1939	24 (7.9%)	280 (92.1%)	28 (12.61%)	194 (87.39%)	52 (9.89%)	474 (90.11%)
1938	20 (7.33%)	253 (92.67%)	50 (19.6%)	205 (80.4%)	70 (13.24%)	458 (86.76%)
Autumn 1939	5 (2.2%)	222 (97.8%)	26 (13.47%)	167 (86.53%)	31 (7.38%)	389 (92.62%)
1938	7 (2.42%)	282 (97.57%)	20 (8.0%)	230 (92.0%)	27 (5.02%)	512 (94.98%)
Total 1939	42 (5.03%)	793 (94.97%)	74 (11.13%)	591 (88.87%)	116 (7.73%)	1384 (92.27%)
1938	41 (4.89%)	797 (95.11%)	87 (11.6%)	663 (88.4%)	128 (8.06%)	1460 (91.94%)

SHOWING RESULTS OF BIOLOGICAL TESTS
during the years 1936, 1937, 1938 and 1939.

				1936	1937	1938	1939
Raw Milks	No. Examined			413	440	419	372
	No. Positive for Tubercle Bacilli			26	25	21	28
	Per cent. Positive for Tubercle Bacilli			6.29	5.64	5.01	7.5
Pasteurised Milks	No. Examined			51	93	84	113
	No. Positive for Tubercle Bacilli			0	0	1	*3
	Per cent. Positive for Tubercle Bacilli			0	0	1.19	2.6

* Reference to these cases is made in the test.

TABLE 3

(BOARD OF EDUCATION TABLE 1, WAR EDITION).

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants	7,429
Second Age Group	7,437
Third Age Group	7,052
Total	21,918
Number of other Routine Inspections	—
Grand Total	21,918

B.—Other Inspections.

Number of Special Inspections and Re-Inspections	34,018
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C.—Children Found to Require Treatment.

Number of INDIVIDUAL Children found at Routine Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint) (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
ENTRANTS	81	1,261	1,309
SECOND AGE GROUP	343	856	1,138
THIRD AGE GROUP	392	887	1,157
TOTAL (PRESCRIBED GROUPS) ...	816	3,004	3,604
GRAND TOTAL	816	3,004	3,604

TABLE 4

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1939.

DEFECT OR DISEASE.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin	(1) Ringworm—Scalp	1	—	16	—
	(2) „ Body	3	—	27	—
	(3) Scabies	17	—	213	—
	(4) Impetigo	18	—	639	—
	(5) Other Diseases (Non-Tuberculous)	50	40	500	3
Eye	(6) Blepharitis	73	106	85	12
	(7) Conjunctivitis	14	2	48	4
	(8) Keratitis	2	—	2	—
	(9) Corneal Opacities	3	2	2	—
	(10) Other Conditions (excluding Defective Vision and Squint) ...	37	21	89	4
Ear	(11) Defective Vision (excluding Squint)	816	422	461	35
	(12) Squint	132	61	65	6
	(13) Defective Hearing	89	59	44	10
	(14) Otitis Media	51	22	115	5
	(15) Other Ear Diseases	52	52	114	8
Nose and Throat	(16) Chronic Tonsillitis only	417	794	205	42
	(17) Adenoids only	167	155	63	20
	(18) Chronic Tonsillitis and Adenoids	778	426	456	19
	(19) Other Conditions	114	174	166	12
	(20) Enlarged Cervical Glands (Non-Tuberculous)	33	258	79	26
	(21) Defective Speech	56	110	20	9
Heart and Circulation	(22) Organic	17	52	25	2
	(23) Functional	4	108	15	11
	(24) Anæmia	82	94	246	8
Lungs	(25) Bronchitis	37	107	153	6
	(26) Other Non-Tuberculous Diseases	37	120	84	9
Tuberculosis	Pulmonary :—				
	(27) Definite	3	—	3	—
	(28) Suspected	16	5	19	1
	Non-Pulmonary :—				
	(29) Glands	2	4	13	—
	(30) Bones and Joints	—	2	4	—
	(31) Skin	—	1	—	—
	(32) Other Forms	6	5	3	—
Nervous System	(33) Epilepsy	11	12	23	1
	(34) Chorea	1	18	32	5
	(35) Other Conditions	20	84	88	21
Deformities	(36) Rickets	9	8	8	1
	(37) Spinal Curvature	67	49	17	2
	(38) Other Forms	343	381	109	33
	(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	536	711	2,003	71
TOTAL NUMBER OF DEFECTS ...		4,114	4,465	6,254	386

TABLE 4

(BOARD OF EDUCATION TABLE 2, WAR EDITION).

B.—*Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups up to August, 1939.*

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	5,560	669	12.0	4,341	78.1	523	9.4	27	0.5
Second Age-group ...	3,758	489	13.0	2,826	75.2	429	11.4	14	0.4
Third Age-group ...	6,342	970	15.3	4,719	74.4	627	9.9	26	0.4
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL	15,660	2,128	13.6	11,886	75.9	1,579	10.1	67	0.4

TABLE 5—*Return of all Exceptional Children in the Area.*

(BOARD OF EDUCATION TABLE 3).

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
10	—	—	—	10

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	25	12	—	5	43

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
25	—	—	6	31

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf and Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
12	4	—	1	17

MENTALLY DEFECTIVE CHILDREN.
Feeble-Minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
32	179	4	120	335

EPILEPTIC CHILDREN.
Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
15	8	—	12	35

PHYSICALLY DEFECTIVE CHILDREN.
A.—Tuberculous Children.

(1) *Children Suffering from Pulmonary Tuberculosis (including pleura and intra-thoracic glands).*

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	27	7	1	38

(2). *Children Suffering from Non-Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
34	140	12	4	190

B.—Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
129	65	1	—	195

C.—Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
58	20	2	27	107

D.—Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
10	8	—	7	25

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Feeble-minded and Cripple ...	—	4	—	3	7
Feeble-minded and Epileptic	2	1	—	1	4
Feeble-minded and HeartDisease	—	1	—	1	2
Feeble-minded and Tuberculous	—	1	—	—	1
Feeble-minded, Cripple and Epileptic	—	—	—	1	1

TABLE 6

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH
SEE TABLE VI.).

(BOARD OF EDUCATION TABLE 4).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin :</i>			
Ringworm-Scalp :			
(i.) X-Ray Treatment.	2	—	2
(ii.) Other "	10	1	11
Ringworm-Body	41	10	51
Scabies	230	33	263
Impetigo	793	50	843
Other skin disease	470	22	492
<i>Minor Eye Defects</i>	184	23	207
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	217	4	221
<i>Miscellaneous</i>	584	19	603
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total	2,531	162	2,693

**GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS
TREATED AS MINOR AILMENTS—GROUP I.).**

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint).	3,843	76	3,919
Other defect or disease of the eyes (excluding those recorded in Group I)	—	—	—
Total	3,843	76	3,919
	Under the Authority's Scheme.	Otherwise.	Total.
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed	1,642	30	1,672
(b) Obtained	1,564	30	1,594

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

No. of Defects.												
Received Operative Treatment.											Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.				
(1)				(2)				(3)			(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	
222	61	810	—	55	28	253	—	277	89	1,063	—	1,429

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

NOTE.—The figures given in the above Groups I, II and III relate to the period ended 30th June, 1939. The figures in the following tables (Groups IV, V and VI) relate to the period 1st January, 1939, to 31st December, 1939.

The figures represent the *totals* under each heading: and where such figures include children from evacuation areas, the total of the latter is added in brackets.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			No. of Individual Children treated.
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopædic clinic. (iii)	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopædic clinic. (iii)	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	33	38	858	—	—	—	858 (23)

GROUP V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist :						
		AGE		Number		
		5	...	4,151		
		6	...	4,541		
		7	...	5,373		
		8	...	5,831		
		9	...	5,841		
(a) Routine Age Groups...	...	10	...	5,661	} Total 48,805 (1,313)	
		11	...	5,280		
		12	...	4,798		
		13	...	4,473		
		14	...	1,278		
		15	...	265		
(b) Evacuees	...	...	...	1,313		
(c) Specials	...	...	...	4,153		
(d) TOTAL (Routine and Specials)	...	...	...	52,958	(1,313)	
(2) Number found to require treatment	...	...	...	30,910	(656)	
(3) Number actually treated...	...	...	...	21,504	(909)	
(4) Attendances made by children for treatment	...	...	...	41,075	(1,410)	
(5) Half-days devoted to	...	{ Inspection	...	392	} Total 5,137 $\frac{3}{4}$	
		{ Treatment	...	4,745 $\frac{3}{4}$		
(6) Fillings	...	{ Permanent Teeth	19,644	(495)	} Total 21,210 (535)	
		{ Temporary Teeth	1,566	(40)		
(7) Extractions	...	{ Permanent Teeth	7,073	(293)	} Total 39,788 (1,246)	
		{ Temporary Teeth	32,715	(953)		
(8) Administrations of general anæsthetics for extractions	...	...	...	1,091	(21)	
(9) Other operations	...	{ Permanent Teeth	4,223	(183)	} Total 6,429 (219)	
		{ Temporary Teeth	2,206	(36)		

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	5.1
(ii)	Total number of examinations of children in the Schools by School Nurses	211,053 (40,377)
(iii)	Number of individual children found unclean	4,379 (1,151)
(iv)	Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	—
(v)	Number of cases in which legal proceedings were taken :	
	(a) Under the Education Act, 1921	—
	(b) Under the School Attendance Byelaws	—

GROUP VII.—RETURN OF OTHER DEFECTS TREATED DURING THE PERIOD
1ST JULY, 1938, TO 30TH JUNE, 1939.

	No. Treated
Malnutrition... ..	1,062
Corneal Opacities	—
Other Eye Conditions	206
Defective Hearing	240
Other Ear Defects	450
Nose and Throat (other conditions)	705
Enlarged Cervical Glands	128
Defective Speech	24
Heart :	
Organic	39
Functional	21
Anæmia	270
Lungs :	
Bronchitis... ..	153
Other	160
Tuberculosis, Pulmonary :	
Suspected	4
Nervous System :	
Epilepsy	18
Chorea	36
Other	77
Deformities :	
Rickets	4
Spinal Curvature	14
Other Forms	110
Other Defects and Diseases	1,257
Total	4,978

Table 7 (Board of Education Table I).

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY
TRADES AND PRIVATE SCHOOLS.

Number of Children Inspected 1st January, 1939, to 31st December, 1939.

A.—ROUTINE MEDICAL INSPECTIONS.

Age.	5	6	7	8	9	10	11	12
Number examined	13	18	14	50	99	120	1,274	339

Age.	13	14	15	16	17	18	19	Totals.
Number Examined	173	3,640	416	2,606	66	101	16	8,945

B.—SPECIAL INSPECTIONS.

Number Examined	715
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Re-examinations	6,300
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Table 8 (Board of Education Table II).

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY
TRADES AND PRIVATE SCHOOLS.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December
1939.

Defect or Disease.								Routine Inspections.		Special Inspections	
								No. of	Defects.	No. of	Defects.
								Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.
(1)								(2)	(3)	(4)	(5)
Skin	Ringworm :										
	Head							1	—	—	—
	Body							1	—	—	—
	Scabies							2	—	—	—
	Impetigo							—	—	—	—
Eye	Other Diseases (Non-Tuberculous)							47	20	2	2
	Blepharitis							36	7	4	1
	Conjunctivitis							3	1	—	—
	Corneal Opacities							—	—	—	—
	Defective Vision							472	216	40	15
	Squint							7	—	1	—
	Other Conditions							19	12	4	1
	Defective Hearing							18	9	1	1
Ear	Otitis Media							4	2	3	—
	Other Ear Diseases							11	5	—	—
	Chronic Tonsillitis only							17	47	3	1
Nose and Throat	Adenoids only							5	10	—	1
	Chronic Tonsillitis and Adenoids							36	24	2	—
	Other Conditions							24	26	2	3
Enlarged Cervical Glands (Non-Tuberculous)								4	20	—	—
Defective Speech								7	4	1	—
Heart and Circulation	Heart Disease :										
	Organic							5	19	—	2
	Functional							5	45	—	2
Lungs	Anæmia							32	20	—	—
	Bronchitis							2	6	—	—
	Other Non-Tuberculous Diseases							8	15	—	1
Tuberculosis	Pulmonary :										
	Definite							—	—	—	—
	Suspected							3	—	—	—
	Non-pulm: glands							1	—	—	—
Nervous System	„ „ other forms... ..							—	2	—	—
	Epilepsy							1	2	—	—
	Chorea							—	2	1	—
	Other Conditions							6	10	3	1
Deformities	Rickets							—	2	—	1
	Spinal Curvature							78	73	2	—
	Other Forms							301	67	12	5
Other Defects and Diseases								121	142	15	15
Total								1,277	808	96	51

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS
TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) Other Disease or Defect of the Eyes (excluding those recorded in Group I)	784	254	52	1,090
Total	784	254	52	1,090

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme	384
(b) Otherwise	169

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme	368
(b) Otherwise	169

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.					
(1)	Received Operative Treatment.			Received other forms of Treatment. (5)	Total Number Treated. (6)
	Under the Authority's Scheme in Clinic or Hospital. (2)	By Private Practitioner or Hospital, apart from Authority's Scheme. (3)	Total. (4)		
Chronic Tonsillitis ...	3	28	31	—	31
Adenoids	—	1	1	1	2
Chronic Tonsillitis and Adenoids	18	27	45	—	45
Totals	21	56	77	1	78

